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ABSTRACT

A program for treating the incestuous family is presented which concentrates on group treatment for female adolescent incest victims between the ages of 12 and 17. Two groups which have met weekly for one year are described in terms of the girls' progress. Suggestions are offered to insure treatment success, including: (1) the ideal time for referral to treatment; (2) a flexible group structure; and (3) group facilitation by both a male and female therapist to stimulate an integrated family. Behavioral stages and the feelings experienced during group treatment are described, with an emphasis on the primary curative components as the emotional closeness and the sense of identification generated by a warm and supportive setting. (Author/KMF)

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GROUP TREATMENT FOR ADOLESCENT GIRLS IN INCESTUOUS FAMILIES

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GROUP TREATMENT FOR ADOLESCENT GIRLS IN INCESTUOUS FAMILIES

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Tsai and Wagner (1978) report that women who were sexually abused as children are characterized by having strong negative self-images, problems in interpersonal relationships and depression. Most mistrusted men and felt cheated out of a normal childhood and the usual opportunity to develop exploratory relationships with males. They frequently experienced such sexual dysfunctions as non-responsiveness and inability to enjoy sex. Many could only be aroused when they were in control, believing that control would prevent the abusive experience from being repeated. Flashbacks to molestation during sex play often interfered with enjoyment. Short term structured therapy groups were found to be "profoundly effective." Evaluation of the group by the members suggested that the primary curative component was the emotional closeness and the sense of identification generated by a warm and supportive setting where a common bond was shared.

Many of the women in the above study reported a compulsion to get involved with unworthy men, or with men similar to the molester. Katan (1973) reports the need for sexually abused children to repeat the traumatic act. This repetition compulsion is expressed in the tendency of women who were sexually abused as children to expose their own children to the same experiences.

They seem incapable of protecting their children when they should. Many of the women in the above cited studies were sexually abused by their fathers. Although the literature in this area is sparse, it is suggestive of a need for therapeutic intervention for girls who have been sexually abused.

The present paper will concentrate on group treatment for adolescent girls who are the victims of incest. The data were derived from the author's experience supervising the co-leaders of one group and co-leading another. Both groups have been meeting weekly for approximately one year. The members of the two groups range in age from 12 to 15 and 14 to 17. Referrals have come almost exclusively from the local social services agency. The size of the groups has varied, at times reaching as many as 10 members. The girls come from lower middle to middle class homes in a suburban area of southeastern Virginia. For most of the members the incest occurred repeatedly over months or even years and ranged from fondling to intercourse. Approximately 20% of the group members are black, 80% are white. Several pairs of sisters were referred. Since one sister tends to speak for the other, it has proven advantageous to separate them.

Incest is usually defined as sexual relations between people closely connected by blood relationship. For present purposes, incest is defined as sexual involvement between an adult male in a parental role and an adolescent female. The adult may be a natural parent, a foster parent, adoptive parent or stepparent. For group members, there seems to be no distinction

made between a biological parent and another adult in a parental role. This therapy group for adolescent incest victims is unlike other general therapy groups in that each member shares this particular life event and the group is designed for a specific purpose.

Most of the time, treatment is sought after the incest is brought to the attention of a social services organization and the actual incest has stopped. The police and the court system are often involved prior to referral. Usually some rather dramatic intervention has been made into the family system. For example, the girl or the father have been removed from the home, or the mother is considering divorce. At the center of this cauldron of conflict and emotional turmoil is an adolescent girl who has been sexually abused by a trusted male. She is often guilty regarding her involvement in the sexual relationship and feels she has brought on the consequent disharmony in the family. She frequently comes to treatment frightened, angry and hurting very badly. The therapy group with a male and female therapist recreates the family. The goal of the group is to permit each member to play out her experience and to explore her feelings so that she can enter mature friendship and love relationships in the future.

The therapy group for this population does not replace individual therapy. In fact, it is highly recommended that all of the girls in this type of group be involved in individual work as well as group treatment. For the degree of the conflicts surrounding incest, group work appears necessary

but not sufficient. It has been found that the ideal time for referral to treatment is as soon as possible after the incest has been made public. It is at this point that these girls have an urgent need to talk about their experience and to share what they have been keeping to themselves for so long. Defenses are flexible, the girls are less resistant to treatment and important gains can be made. This is congruent with both clinical experience as well as the crisis intervention literature. Obtaining the referral while the girl is still in crisis has the added benefit of increasing the cohesiveness of the group members who often feel helpful in supporting an ailing individual. It also focuses the group on the common bond of a shared crisis.

One of the consequences of immediate referral is the need for this type of group to have fluid borders in order to admit new members while they are in crisis. More so than in most other groups, group membership varies from week to week. Girls are often moved out of their homes to group homes or foster homes where transportation may not be dependable. Angry mothers may sabotage therapy by not permitting their daughters to keep regular appointments. It would be very difficult to maintain such a group without flexible boundaries regarding new members and attendance.

Members of this kind of group are characterized by their extreme neediness. They feel that they do not know how to get someone to care for them in other than a sexual way. Their sense of worth is tied to their value as sex objects. At the same time, they often have a strong motivation to help others

in the group. This seeming duality is understood when motivation to help is also interpreted as a satisfying way to bolster faltering self esteem. Incest victims inevitably experience great guilt. The mere fact that there is a group for girls with this common experience seems to alleviate some of this guilt. The fact that they are not the only ones who are sexually abused by their fathers is powerfully driven home by meeting others who have had very similar experiences. Most of the girls find this very reassuring.

Most of the members of this kind of group have difficulty relating to both men and women. They seem to be angry at their mothers for not protecting them. They often feel their mothers either actively colluded with their fathers or denied evidence that the incest was occurring and did nothing. This anger at women can be expressed in the group by rebelling against norms set by the female therapist, or other available mother figures such as female foster care workers.

These girls have not experienced an integrated family. Their current relationship with their father has frequently revolved around sex and their mothers have been distant. This is reflected in the kind of transferences which emerge. The girls are often seductive with the male therapist and uninvolved with the female therapist. Since life with the family has been dangerous, the world is not seen as a safe place. Intimacy is related to abuse. There is a tendency for girls to be absent after having an intimate session. It is likely

that they are frightened and they return when their anxiety has lessened. A fairly common pattern seems to present itself as new members join the group. The initial need to talk about their specific experiences and their current circumstances, referred to earlier, is followed by some relief from the intense anxiety of the crisis and an identity with a group that has experienced the same thing. By the second or third group meeting, many of the girls dress up or look nicer and seem to feel better. Often by the fifth or sixth session they get stuck. The defenses of denial and rationalization have taken hold and many times they will try to focus on others rather than themselves. At this point absenteeism may occur. Then with increasing confrontation from the group, newer deeper conflicts can be dealt with.

A serendipitous finding occurred in one of the groups when each group member was assigned to a female social work intern. The interns were completing a practicum for a master's level graduate program. Each intern spent one or two hours per week for several months working with an assigned group member. They did not do formal casework (most of the girls were already in individual therapy) but rather, tried to form a more personal "older sister" type relationship. The interns were available to talk about the incest or anything else the girls wished to discuss in a non-threatening setting. While talking with the girls, they often engaged in pleasant activities such as eating or riding bicycles. The group leaders noted a marked change in the ability of the group to work

during this three month period. The girls were better able to focus on anxiety arousing material, absenteeism dropped and in general, the therapists felt an increased openness in the group. This finding has not been researched further, but it does suggest that benefits may be derived from a personal, informal relationship with a caring adult and these benefits may then be reflected in the group process.

The complex issue of possibly enjoying sex with father or father figure does not surface in these groups. There are many hypotheses which can explain this phenomenon. It may be that the function of this type of group is to pave the way for continued therapy in adulthood. A more mature ego may be able to tolerate the ambivalence connected with such tabooed intimacy. Societal taboos exist only when there is a strong propensity toward that which is forbidden.

Working with such a strong taboo is not only difficult for the group members, it also presents special countertransference problems. Therapists may expect adolescents who have had extended sexual relations to be more adult in other areas as well and may be surprised by age appropriate conflicts. Therapists may project seductive qualities onto group members who are experiencing the natural rapid sexual development of adolescence. Incest is an emotion-laden topic for most therapists. In order to help the group arrive at the recognition that the adult is the senior partner in the incest and is ultimately responsible for it, therapists must come to grips with their own feelings regarding incest as a phenomenon in human relations.

Current societal norms are only now permitting the subject of incest to be explored in a systematic fashion. Only recently have specific programs for treating the incentuous family begun to appear. Hopefully, this paper will stimulate further interest in group treatment for this previously neglected population.

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